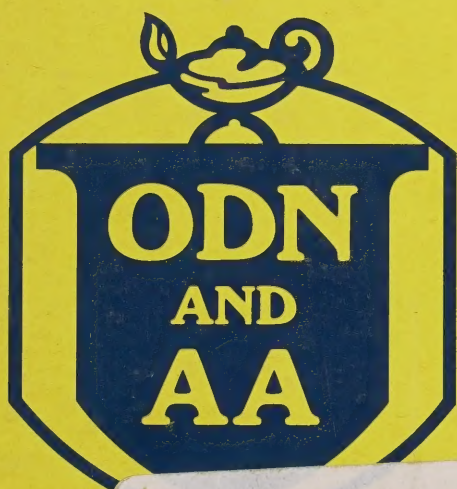


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OCTOBER—DECEMBER
1981



RETURN TO BASEMENT

Ontario Dental Nurses & Assistants Association



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MAX HANNA LUCKY DRAW

OCTOBER - DECEMBER 1981

NAME _____

ADDRESS _____

CITY _____ PROV. _____ POSTAL CODE _____

RESIDENCE PHONE (AREA CODE _____)

CERTIFIED MEMBER OF O.D.N. & A.A.: ☐ Yes ☐ No

AFFILIATE ASSOCIATION _____

EMPLOYER _____

ADDRESS _____

CITY _____ PROV. _____ POSTAL CODE _____

BUSINESS PHONE (AREA CODE _____)

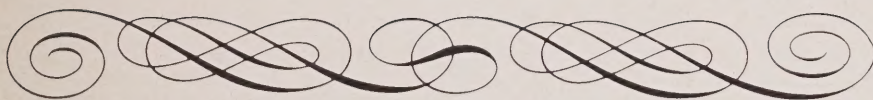
Only Members of the O.D.N. & A.A. can participate in the lucky draw. No other entries will be accepted. Each participant in the lucky draw will only be allowed to win once per year. The Judge's decision will be final.

ENTRIES MUST BE RECEIVED BY DECEMBER 11, 1981

Mrs. Heather A. Nikolaew,
Editor O.D.N. & A.A.,
113 Cathcart Street,
LONDON, Ontario N6C 3M2

INDEX

2. Editorial
3. President's Message
4. "Workmen's Compensation" — article
5. Accreditation Division Notice
6. Winter Clinic Student Day Program
7. Winter Clinic Program
8. "Bill of Personal Assertive Rights" — article
- 8-9. "Let's Talk About Work Simplification" — article
10. "This May Hurt A Little" — entertainment
11. Message from Y.W.C.A. of Metropolitan Toronto
12. "Seeking Employment as a Dental Assistant" — article
13. O.D.N. & A.A. Board of Directors and Governors 1981-82
- 14-15. "New Human Rights Code Introduced in Legislature" — article
16. Canadian D.S.P.I. Message
17. "Tooth Development" — article
- 18-20. "The Art of Dental Assisting" — article
20. Affiliated Association News — Past Events
- 21-22. Affiliated Association News — Upcoming Events
23. O.D.N. & A.A. Board of Directors Listing 1981-82
24. O.D.N. & A.A. Board of Governors Listing 1981-82



DEADLINE DATE FOR THE NEXT ISSUE (JAN.-MAR.) — DEC. 10, 1981
(Submitted to the Editor before the above date)

SUBSCRIPTION RATE: \$10.00 per year payable January 1 for non-members. A subscription to the Journal is included with an Ontario Dental Nurses and Assistants Association Membership. The Journal is published four times a year with the deadline date published in the previous issue.

THE OPINIONS EXPRESSED IN THE ARTICLES ARE THOSE OF THE AUTHOR AND DO NOT NECESSARILY REPRESENT THE VIEWS OF THE ONTARIO DENTAL NURSES AND ASSISTANTS ASSOCIATION OR THE EDITOR.

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Any inquiries and/or changes regarding Journal publication and Journal mailing — please contact the office at the above address.

Ontario Dental Nurses & Assistants Association



EDITORIAL

The Fall Season is upon us once again and I would like to wish my best to the new O.D.N. & A.A. Executive, Board Representatives and our Affiliated Executives for this new term. It is exciting to look forward to the outcome of original ideas and achievements which develops from the input when fresh blood assembles at the Board Meetings each term. Please turn to the centerfold to meet the new executive for 1981-82.

Welcome all new O.D.N. & A.A. members and student members. I hope that you enjoy the Journal that is published solely for your interest and benefit.

I apologize to all the members who received the July - September issue so late in August or, for some, in September, but it was beyond our control, as there was a national mail strike that left our Journals piled at the printers already to go with no one to deliver them.

Due to the mail strike delay, the Max Hanna Lucky Draw was postponed beyond the due date published, to allow entries to be sent in. You will find an announcement regarding the draw in this issue.

In the Affiliated Association News, you will see that some of the Associations are already planning terrific meetings for the upcoming term. I hope all of you are as active as the Associations who sent in their news.

The First Annual Northern Convention, to be held in conjunction with the N.O.D.A. on September 11 and 12, 1981, will have taken place by the time this Journal is published. We wish the North much success in their endeavour to bring the cities and auxiliaries of the north closer together.

We hope you are making your plans for Student Winter Clinic Day on Wednesday, November 25 and for Winter Clinic Day on Thursday, November 26, 1981. The registration form was in the July - September issue that was mailed in August. I hope that you've already cut it out and mailed it in.

I would be amiss if I did not mention the Journal Contest. As you know, there is a Journal competition

each year for members and student members. A selection is made, by the Journal Committee, for the best journal article submitted between May 1981 and April 1982. You could be one of the winners at the May Convention receiving one of the beautiful trophies that you have seen pictures of in the Journal in the past few years. For interest sake, look at past journals to see the articles, written by our members and chosen for publication. This could be helpful to you if you feel that you would like an idea of what others have submitted. You will find that if you choose a topic of interest to you, that you are quite capable of writing an article that equals the calibre of the ones already published. Please send two (2) copies of your entry, to enable me to file one as a contest entry and the other copy to be used for Journal publication when required.

I would like to express a special welcome to our new President, Christine Dow of Sudbury, Ontario, a delightful and charming person to know. I only hope that you, the membership have an opportunity to meet her personally and see how delightful she really is.

A special congratulations to Patricia Miller, a special lady, on her election to the office of Chairman of the Board. I'm sure with Patricia's experience, expertise and leadership qualities that she will remain a definite asset to the O.D.N. & A.A. Executive.

HEATHER A. NIKOLAEW
Editor

DATES FOR BOARD OF DIRECTORS MEETINGS IN 1981- 82 TERM

Sunday, October 18, 1981
and
Sunday, February 21, 1982

DATES FOR ACCREDITATION BOARD OF GOVERNORS MEETINGS IN 1981 - 82 TERM

Saturday, October 17, 1981
and
Saturday, February 20, 1982

NOTE: Both Board of Directors and Board of Governors meetings will be held at the Holiday Inn (Downtown) Toronto.



PRESIDENT'S MESSAGE

I hope that the summer has been one of rest and recreation for you, and that the recent postal strike did not negatively affect your practice or communications with our office to any great extent. I have enjoyed my summer of holidays and especially the opportunity of representing you at the Canadian Convention in Calgary in August.

One of my aims as President is to encourage you to make your practice a safer place in which to work.

Since the Occupational Health and Safety Act has been made law, we have a better chance of this than ever before. Creating this safe environment though, involves effort on the part of each member of the dental team. Our employers are responsible for *implementing* the necessary safety regulations in accordance with this act but it is the employee who is responsible for *carrying* these regulations out.

One area which has been under close study recently is radiation protection. With the new regulations set out in Bill 177, nicknamed the "Radiation Act", we will now be proven competent before exposing our patients to x-rays as of January 1, 1984. This general awareness of safety will no doubt increase our awareness of safe practices of

protection for ourselves, the x-ray worker.

The safe handling of mercury is another area of concern at present. During this summer past I, along with other representatives of the profession, was involved in meetings with the Ministry of Labour which is developing safe practices in this respect. Please watch for articles in subsequent Journals regarding mercury hygiene.

I have encouraged dentists to provide Workmen's Compensation for their assistants in an article submitted to the "Ontario Dentist" for publication (also to be found in this issue of our Journal). Please look for it and discuss it with your dentist employer at salary negotiation time.

This fall holds opportunity for you to become involved in your local affiliate, take a continuing education course, attend Winter Clinic, and become a dental assistant who grows in her profession.

I wish you success in all your worthwhile endeavours.

MRS. CHRISTINE DOW, C.D.A.
President



MAX HANNA LUCKY DRAW

The winner of the July-September issue of the Lucky Draw will be announced in the next issue of the Journal. The draw entry deadline was extended for a month longer than published due to the fact that the mailing of our last Journal was delayed one month by the national mail strike.

Watch next issue for the announcement of the winners for both the July-September and the October-December issues.

THE EDITOR

UPCOMING JOURNAL DEADLINES FOR 1981 - 82

JANUARY-MARCH ISSUE 1982—DEC. 10, 1981
APRIL-JUNE ISSUE 1982—FEBRUARY 20, 1982
JULY-SEPTEMBER ISSUE 1982—MAY 19, 1982

Any material required to be published in any of the above issues, must be mailed one week before the deadline date so that the Editor has the material in her hands on the deadline date.

THE EDITOR

WORKMEN'S COMPENSATION

Submitted by Christine Dow, C.D.A.

President O.D.N. & A.A.

Your dental assistant gets her heel caught in the corner of the unit and falls, separating her right shoulder.

There is nothing unsafe about the environment in which she worked, and yet she is faced with six weeks of healing and numerous weeks of therapy before she can return to your office.

You have a busy practice and cannot function without a dental assistant; and so, regretfully, she is replaced.

As the healing progresses, complications develop and she has to make two trips to consult a specialist. Eventually, she requires surgery and is somewhat disabled permanently.

This is surely not your problem, and yet if you had provided Workmen's Compensation coverage for that person, she would be receiving seventy five percent of her salary (tax-free), complete medical coverage, transportation costs and a disability pension for life.

The major benefit of Workmen's Compensation is that coverage is unlimited. She can be compensated for life — no matter what costs she incurs.

Granted, this is a hypothetical case, and perhaps a rare incident in any dental practice; however, there are more common injuries which are being experienced by dental personnel.

Foreign bodies in the eye can result in lost time from the office. Contact dermatitis is becoming more common as dental assistants handle the methylmethacrylate tray material and gradually develop a hypersensitivity to it.

The number of cases of Hepatitis B amongst dental staff is above the national average, a concern of the profession, and definitely a reason to limit contact by that person to your patients.

Should a disabled employee be laid off with no income other than unemployment insurance or should the employee be compensated?

Dental practices are not compelled by law to provide this coverage for their employees or themselves. Only high risk employers such as mining companies or construction firms are.

However, it is very inexpensive, for dentists are in the lowest rate category and pay only \$0.20 per \$100.00 payroll.

That means that if you pay two staff members \$200.00 per week each, you would pay Workmen's Compensation $\$0.20 \times 4 = \0.80 per week. This cost to you is tax deductible as an office expense.

And the rates last year went down. Workmen's Compensation had a good year, investing wisely and returning profits to the participants. It is a non-profit organization; unlike any insurance company.

You must apply though to be covered. Why not add this coverage to the benefits you give your staff at salary negotiation time?

You may contact your local Workmen's Compensation Board office for further information and application forms.



Visitor's Viewpoint

by Helen Crowe, C.D.A.

London Association

On Friday, September 11 and Saturday, September 12, Sudbury hosted the First Annual Northern Ontario Dental Auxiliary Convention in conjunction with the forty-first Annual Northern Ontario Dental Association Convention. Those in attendance from the O.D.N. & A.A. were Christine Dow, President, who resides in Sudbury, Brenda Moffatt (Past-President), Patricia Miller (Chairman of Board), Margaret Deichert (Accreditation Chairman), Joyce Robinson (Secretary) and Helen Crowe (Treasurer).

The program commenced on Friday at 8:00 p.m. with opening ceremonies. Wine and Cheese was served following these ceremonies and we all had a chance to meet new people in the field of Dentistry.

The morning program began bright and early on Saturday at 9:00 a.m. with the first guest speaker, Dr. Victor Rausch D.D.S. from Waterloo. His topic was Hypnosis in Dentistry. It proved to be very interesting and enlightening. At the end of his talk I think everyone had a new outlook about themselves and life.

After a coffee break the second guest speaker was introduced. Mrs. Liz Poulin, who is a teacher at Cambrian College gave a talk on "Harassment in the

Working Place." We all received some good tips to use if we ever find ourselves in a difficult situation.

We all enjoyed a delicious lunch and make-up demonstration after. Joyce Robinson presented her table clinic which she received third prize at the O.D.N. & A.A. Convention in May.

This part of the Convention was very successful. The Convention Committee had worked so hard I think the success of the Convention was very rewarding for them.

Next on the program was a bus tour of Sudbury and the Inco plant. It was a beautiful sunny day and the scenery was quite picturesque. The bus continued on the Sudbury Downs for dinner and Horse Races. The dinner was delicious but the racing proved to be unprofitable. A good time was had by all, winners and losers.

I would like to commend the Convention Committee for a job well done. They showed great enthusiasm and a lot of hard work, in presenting this, their First Annual Northern Ontario Dental Auxiliary Convention. The whole program was very interesting, educational and thoroughly enjoyed by all in attendance.





O.D.N. & A.A. ACCREDITATION DIVISION

IMPORTANT NOTICE

There has been an addition to the regulations with regards to applying for the Ontario Certification Examination.

DENTAL ASSISTANTS WHO HAVE BEEN EMPLOYED FULL-TIME IN A DENTAL OFFICE IN CANADA OR THE UNITED STATES OF AMERICA FOR A PERIOD OF FIVE YEARS OR MORE ARE NOW ELIGIBLE TO APPLY TO SIT THE ONTARIO CERTIFICATION EXAMINATION

DATE OF NEXT EXAMINATION — NOVEMBER 7, 1981

DEADLINE DATE FOR APPLICATIONS WAS SEPTEMBER 15, 1981

NOTICE REQUIREMENTS

The following are now eligible to apply for Certification in Ontario.

1. Graduates of Dental Assisting Program of an Ontario College of Applied Arts and Technology, OR
2. Graduates of a Dental Assisting Program of an Ontario Secondary School upon completion of one year (1800 Hours) full-time employment in a dental office or clinic, OR
3. Graduates of a Dental Assistant Program of any other jurisdiction upon successful completion of the Ontario Certification Examination, OR
4. Dental Assistants who have completed five years or more full-time practical experience as a Dental Assistant in a dental office or clinic in Canada or the United States of America, upon successful completion of the Ontario Certification Examination.

REMINDER: Applicants may apply for Certification in Ontario within two years of date of eligibility without further examination.

MISS MARGARET L. DEICHERT, C.D.A.
Chairman, O.D.N. & A.A. Accreditation Division

ONTARIO DENTAL NURSES AND ASSISTANTS ASSOCIATION

ACCREDITATION DIVISION



MARGARET DEICHERT, C.D.A.
Chairman, Accreditation Division

WINTER CLINIC STUDENT DAY

This year we are once again planning a Winter Clinic Student Day Program to be held on Wednesday, November 25, 1981 — the day prior to Winter Clinic. It is our hope that all DENTAL ASSISTANT STUDENTS from the Secondary Schools and the Community Colleges of Applied Arts and Technology Dental Assistant Programs will take advantage of this educational day that is being arranged for them.

The following is the program for that day:

WINTER CLINIC STUDENT DAY PROGRAM

OF THE

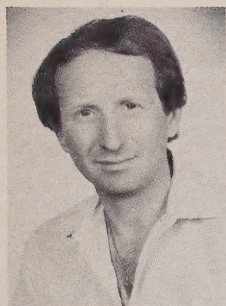
ONTARIO DENTAL NURSES AND ASSISTANTS ASSOCIATION

ACCREDITATION DIVISION

ROYAL YORK HOTEL, TORONTO — WEDNESDAY, NOVEMBER 25, 1981

8:30 a.m.	Registration	Ontario Room
9:00 a.m.	Opening Ceremonies O.D.N. & A.A. Accreditation Division Chairman, Margaret Deichert	Ontario Room
9:30 a.m.- 10:45 a.m.	Dr. W.R. Barlow "Radiation Protection for You and Your Patient"	Ontario Room
11:00 a.m.- 12:00 noon	Panel — Moderator — Dr. K.F. Pownall Members of Panel — Dr. C. Doughty, President, R.C.D.S. Mr. J. Gillies, Executive Director, O.D.A. Mrs. Christine Dow, President, O.D.N. & A.A. Dr. J. Stasko, Chairman, O.D.A. Auxiliary Services Committee	Ontario Room
12:30 p.m.- 1:45 p.m.	Luncheon	Ballroom
2:00 p.m.- 4:00 p.m.	Dr. David J. Kenny, Dentist-in-Chief, Hospital for Sick Children, Toronto 1. Hospital Dentistry 2. Medical Legal Responsibility of the Dental Assistant 3. Nursing Bottle Caries	Ontario Room
4:15 p.m.- 5:00 p.m.	Table Clinic Presentations	
5:00 p.m.	View Commercial Exhibits	

WELCOME TO WINTER CLINIC



It is with great pleasure that I welcome you to our Winter Clinic. Over the years the committee has always enjoyed working with your representatives and Nancy Block has always shown that she has your best interests at heart. We have tried to arrange speakers to appeal to both the dentist and auxiliary as we feel that this promotes a more unified office and provides a "learning together" experience.

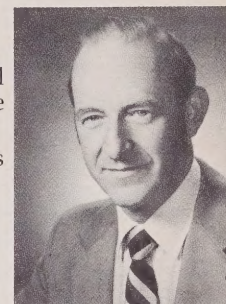
With the help of an excellent Winter Clinic Committee I feel that this years progress will continue to keep the Winter Clinic in the forefront of one day meetings. Enjoy the day to its fullest.

DR. R. TRAUB
Winter Clinic Chairman

The Annual Winter Clinic Meeting offers an excellent opportunity to share holistically in all facets of the dental profession. The programme happily blends a wealth of information related to the practice of dentistry with time for congenial social intercourse, thereby generating a spirit of mutual interdependence and harmony.

The President and members of the Academy of Dentistry welcome the participation of Ontario Dental Nurses and Assistants to the 44th Annual Meeting.

RONALD F. MARTIN, D.D.S., F.I.C.D.
President, Academy of Dentistry



I would like to welcome you to come to this year's Annual Winter Clinic. Our speakers are all very interesting with topics that are of today — the 80's.

The Toronto Academy of Dentistry, Winter Clinic Committee, Ms. Elizabeth Anderson, and myself have been working on this day since last January.

Please register early.

I am looking forward to seeing you November 26, 1981 at the Royal York Hotel, outside the Ontario Room bright and early.

MISS NANCY BLOCK, C.D.A.
Winter Clinic Manager

37th ANNUAL WINTER CLINIC PROGRAM

NOVEMBER 26, 1981

ROYAL YORK HOTEL, TORONTO

8:30 a.m.	Registration Ms. Nancy Block, C.D.A.	Ontario Room (Coffee will be served)
9:00 a.m.	Dr. Robert Shira "Surgery in Every Day Practice"	Ballroom (Limited Attendance)
9:15 a.m.	Opening Ceremonies Winter Clinic Chairperson, Ms. Elizabeth Anderson O.D.N. & A.A. President, Mrs. Christine Dow President, Academy of Dentistry, Dr. Ron Martin Chairman, Winter Clinic, Dr. Ron Traub	Ontario Room
9:30 a.m.	Ms. Karen Fraser, Toronto "Opportunities of the 80's — Choose or Chance"	Library
9:30 a.m.	Dr. Richard Earle, Willowdale "Stress: Cause, Consequence, Cost and Control"	Ontario Room
11:00-12:00 noon	Commercial Exhibits	Concert Hall, Rooms "A,B" and Foyer
12:30 p.m.	Luncheon Jungle Jay Nelson, City TV "The State of the World"	Canadian Room
2:15 p.m.	Dr. Robert Shira "Surgery in Every Day Practice"	Ballroom (Limited Attendance)
2:30 p.m.	Ms. Karen Fraser, Toronto "Opportunities of the 80's — Choose or Chance"	Library
2:00-6:00 p.m. 7:30-10:00 p.m.	Commercial Exhibits	Concert Hall, Rooms "A,B" and Foyer
7:30-9:30 p.m.	Table Clinics	Ballroom

BILL OF PERSONAL ASSERTIVE RIGHTS

Submitted by Ottawa Affiliate

One important step in becoming assertive and leading a more effective life is having a clearer idea of one's personal rights. If you cannot recognize your rights as a person, you cannot stand up for them. The consequence is that others may begin dictating your life and defining your role for you. In such a situation you lose freedom of action, dignity and respect from others as well as yourself.

To each human right is attached a corresponding RESPONSIBILITY. Along with the RIGHT to having and expressing your thoughts, opinions and feelings, you are RESPONSIBLE for HAVING and EXPRESSING your thoughts, opinions and feelings. Assuming responsibility for one's thoughts and feelings is not blaming others for what you feel. It is saying something like "I feel angry, hurt, etc. when you do or say that" *INSTEAD OF* "you make me angry when you do or say that." Responsibility also means that others are responsible for their own behaviour. This does not mean that you are insensitive to the effect your behaviour may have on others, but it does mean that you recognize that others, like you, are responsible for their thoughts and feelings, and that you will not take it upon yourself to assume their responsibilities.

Expressing oneself in a manner that reflects self-responsibility is honest and permits greater openness and sharing to occur between interacting people. This is basically because others are not being blamed for what you are feeling and thinking.

The following is a "Bill of Personal Assertive Rights" that is shared by all people. Knowing and thinking about these rights should lead to greater sensitivity and respect

for oneself as well as others. If I respect these rights in myself, I will respect them in others.

- I. Everyone has the right to have and to express their own personal feelings and opinions. This would include:
 - a) the right to say "NO" without feeling guilty
 - b) the right to ask for what you want
 - c) the right to ask information from professionals (doctors, lawyers, professors)
 - d) the right to say "I don't know"
 - e) the right to say "I don't understand"
 - f) the right to say "I don't care"
 - g) the right to change their mind
- II. Everyone has the right to be listened to and to be taken seriously.
- III. Everyone has the right to be treated with respect.
- IV. Everyone has the right to establish their own priorities.
- V. Everyone has the right to judge their own behaviour, thoughts, and emotions, and to take the responsibility for their initiation and consequences upon themselves. This includes:
 - a) the right to offer no reasons or excuses to justify their behaviour.
 - b) the right to make mistakes and be responsible for them
- VI. Everyone has the right to choose not to assert themselves. 

The following information was contained in a brochure that was handed out by the First Prize Table Clinic Winners at May 1981 Convention.

LET'S TALK ABOUT WORK SIMPLIFICATION

by Maria Baker C.D.A.

JoAnne Chisholm C.D.A.

Diane LaChance C.D.A.

of the Ottawa Dental Nurses and Assistants Assoc.

HELPFUL HINTS

1. Bead sterilizer: salt can be used as a substitute for beads
2. To keep tray set-up in order when sterilizing twist a pipe cleaner around instruments.
3. Keep either the original packing or a container for disposing needles, scalpel blades, sutures or other sharp instruments to prevent injury.
4. When mixing materials keep a tester to observe setting time.
5. Clip board with attached pen are great for medical history and patient acquaintance sheet.
6. The index manual should be put to good use in each office for reference for both new and senior employees.
7. Miniature high speed handpiece can be used for work in mouths with limited opening.
8. Magic marker, coloured chalk or tape can be used to indicate placement of cabinets, foot controls etc.
9. Magnetic holder in lab can make instruments more readily available.
10. Rotate wheel periodically on model trimmer.
11. Paper clips can be substituted for dowel pins or reinforcement pins when pouring models.
12. Custom tray liners can be wax or tin foil.
13. Place acrylic work in hot water to speed up setting time.
14. Scotch tape around alcohol burner to prevent scattering if dropped.
15. Bring handpiece thru coil to shorten and re-shape coil.
16. To prevent gagging of patients apply xylocaine spray to back of throat, or put salt on patients tongue.
17. For person safety and protection masks, gloves and eye glasses should be on your list of priorities. Eye glasses should be mandatory to intercept flying objects and air propelled bacteria from high speed sprays. Proper seating position to avoid fatigue and physical stress. All scrap amalgam should be placed in a closed container under water to prevent mercury vapors from escaping.
18. To save time pre-measure plaster, stone and alginate

- in closed jars.
19. Keep a jug or container of room temperature water on hand for alginate impressions or for mixing models.
 20. A storage organizer is great for storing small and large items.

PROPER CARE AND SOLUTIONS

Instruments should be washed with a non-corrosive low sudsing neutral detergent. Stubborn materials should be removed with a soft brush not steel wool or abrasives. Dirty instruments subjected to high temperatures can result in foreign material being baked on or corroded.



COMMITTEES 1981-82

BUDGET AND FINANCE COMMITTEE

1. Helen Crowe — Chairman
2. Brenda Moffatt
3. Joyce Robinson

BY-LAWS COMMITTEE

1. Margaret Deichert — Chairman
2. Diane Pike
3. Faye Ungar
4. Dr. Ken Pownall

EMPLOYMENT GUIDELINES COMMITTEE

1. Brenda Moffatt — Chairman
2. Judy McIntyre
3. Elizabeth Anderson
4. Lorraine Dunsmuir

INSURANCE COMMITTEE

1. Brenda Moffatt — Chairman
2. Debbie Dentinzer

JOURNAL COMMITTEE

1. Helen Crowe — Chairman
2. Patricia Miller
3. Joyce Robinson

JUDICIAL COMMITTEE

1. Margaret Deichert
2. Brenda Moffatt
3. Dr. Ken Pownall

MEMBERSHIP COMMITTEE

1. Brenda Moffatt — Chairman
2. Ann Phippen
3. Margaret Deichert

NOMINATIONS COMMITTEE

1. Judy McIntyre — Chairman
2. Susan Andrews

PINS & CRESTS COMMITTEE

To be handled at the O.D.N. & A.A. Office

PUBLIC RELATIONS COMMITTEE

1. Lorna Akervall — Chairman
2. Esther Reith
3. Ute Baldwin

RESOLUTIONS COMMITTEE

1. Diane Pike — Chairman
2. Marlene Peterson

CARE OF DENTAL INSTRUMENTS

PROBLEM	NATURE	SOLUTIONS
Staining	black to purple	— instruments should be rinsed thoroughly with water — avoid exposure to ammonia in solutions and cleaning compounds
	brown	— watch for prolonged use of cleaning solutions and detergents
	gray-blue	— change cold sterilizing solution more frequently, follow manufacturer's instructions
Spotting	mineral deposit	— usually caused by improper drying of instruments — check out autoclave operations — use chloride-free solutions for sterilizing, disinfecting, rinsing
		— check purity of water supply
		— rinse instruments with distilled water, especially where tap water may have high metallic content
Rusting	deposits	— dry all instruments thoroughly (use full cycle of autoclave, do not open prematurely) — follow manufacturer's cleaning guide — do not mix stainless steel with other metals
Pitting	chemical attack on surfaces	— rinse instruments thoroughly after use — avoid long exposure to chlorides and acid — do not mix metals in ultrasonic — do not use detergents having high level ph

IMPORTANT TIPS THAT WILL SAVE YOU TIME

MATERIALS	REMOVERS
Blood	— on uniforms and other clothing blood can be removed with hydrogen peroxide
Calcium hydroxide	— alcohol
Carbonxylate	— run under water immediately to prevent setting, wipe spatula immediately
Cyanoacrylate	— acetone
Fixer, developer	— commercial spot removers may be purchased from dental supply companies
Polysulfides	— wipe spatula immediately — removers are alcohol and orange solvent
Scalants	— chloroform
Silicone	— chloroform
Tray adhesives	— acetone
Varnish	— alcohol
Zinc phosphate	— bicarbonate of soda and water inhibits the setting of zinc phosphate

ARTICLE	PROBLEM	SOLUTIONS
Burs	loss of burs	— place stopper in sink to prevent loss
	collection of — blood	— should be removed with cold water and a soft brush
	— waxes	
	— acrylic	— wax and acrylic can be removed with wax compound remover (check manufacturer's instructions)
	rusting	— do not expose burs to prolonged immersion in solutions — dry burs thoroughly to prevent rusting and corroding
Surgical Suctions	scratching	— scratching will occur with the use of steel wool or steel brush (especially on diamond burs)
	debris	— run pipe cleaner, or bottle brush thru suction
	blood build up	— run cold water thru suction (suction system should be thoroughly cleaned each week)

THIS MAY HURT A LITTLE

Author Unknown

Submitted by Michelle Fenton, C.D.A., Windsor Association

I suppose some people actually do brush their teeth twice a day and see their dentist at least twice a year, but I don't. I brush my teeth once a day, with a brush whose few remaining bristles look hail-struck, and I never see my dentist until it's too late.

For some time, for instance, I have been bothered by 'pink toothbrush', sometimes right up to the wrist. At first I cleverly avoided the warning by using a pink toothpaste, but, as the washbasin and nearby wall continued to look as though they had been the scene of an axe murder, I realized that I would either have to see my dentist or have the bathroom done over in a shade to match my blood (a sort of greenish cinnamon — the family didn't care for it).

Besides, while prowling around my mouth in search of scraps, the tip of my tongue had discovered several interesting cavities in my teeth, and often worried me by disappearing completely into a particularly spacious Carlsbad cavern at the rear. I had the impression it was storing food there for the winter. Clearly it was time to see my dentist, much as I would have preferred to see a charging rhinoceros. So I dropped in to Dr. Burcher's office one day and asked his nurse if I could make an appointment. Needless to say, I was reasonably certain that I couldn't. Dentists are terribly busy these days. You have to wait months. Maybe years.

Quietly whistling a gay tune and examining my fingernails, I waited while the nurse consulted her appointment book. She looked up brightly.

"You're lucky," she said. "Mr. Pockle has cancelled his appointment for tomorrow morning. The doctor can take you at nine-thirty."

For a moment I stared at her uncomprehendingly, like Bette Davis when her lover tells her he's decided to go back to stamp collecting. Trapped. Tricked by somebody named Pockle. My spine quivered like a hurled javelin.

"Why can't Pockle make it?" I asked hoarsely.

"Why, I believe he said his wife was having a baby."

I hooted two longs and a short.

"And you believed a trumped-up story like that?" I asked, perspiring freely. "You're going to let him weasel out of his appointment with a fairy tale like that?"

"I don't think there's any reason to doubt him," smiled the nurse, writing my name in the Doomsday book.

A wave of hatred for Mr. Pockle swept over me. With all my heart I hoped the new Pockle would be born with two heads and four sets of wisdom teeth.

Yet, I couldn't help admiring the cunning of the man, and the superb timing which his alibi indicated. Pockle had me beaten, that was sure.

"All right," I said, "I'll be here."

As I was leaving I was shaken to note that Dr. Burcher's office had two doors, one for incoming patients, one for outgoing. These were shrewdly

arranged so that persons waiting for their turn couldn't see their predecessor leaving. He could drag himself downstairs, his face a bloody pulp, and they'd never be any the wiser. They couldn't even be sure that he had ever left at all. For all they knew he may have been sitting in the Chair one minute and going straight out through the roof the next, like a Nazi V-2 rocket.

At nine-thirty I sit down on the edge of one of the sumptuous waiting room chairs and open a copy of the Saturday Evening Post. The first page shows a picture of a little girl looking as if she's just discovered a wasp in her drawers. "Mommy, didn't your teacher know anything?" the kid is asking. It seems the brat has found out that her old lady hasn't been massaging her gums with Ipana, and is raising a stink about it. I throw aside the Post and walk around the room a little. After a while the nurse comes in, her face wreathed in smiles. My face is just wreathed.

"We've been finishing up Johnny Adams," she beams. "He's only five years old and had three bad fillings. Didn't bother him a bit. Good as gold."

Next to Mr. Pockle, I decided, I hate Johnny Adams the most. The normal, healthy reaction of an infant upon having its teeth filled would be to scream and holler. But not Johnny Adams. Johnny puts on a cheap hero act that I, only twenty-six years old, have to follow. I have to be as good as gold. Right now I feel as good as a chunk of cold porridge getting colder every second.

The nurse leads me to the Chair, keeping up a chatter intended to distract the patient. Avoiding looking into the marble spit-basin to my immediate left, I ease into the Chair. Me teeth seem to be chattering slightly. Fine, go ahead fellows, it may be your last chance.

Dr. Burcher comes in while Nurse is bibbing me for the slaughter. We engage in gay banter, just as if I hadn't any idea he was going to crawl into my mouth to dynamite the old roots. Jittery, I open my mouth too soon and too wide. I shut it again while Dr. Burcher messes around in a drawer that clinks ominously. I don't know what he's after, but I'll bet it's the biggest of its kind.

Now he peers into my mouth with the little mirror. Poking around with a sharp instrument, he sees something he likes. He tries to drag it out. It puts up a battle; it likes it in there. Dr. Burcher plays it for a while, then throws a gaff into it. Something breaks off and I study his face carefully for confirmation that it is my jawbone.

"Quite a lot of tartar on your teeth," he says and squelches my rebuttal by syringing water into my mouth. I spit, none too successfully into the marble basin, and wipe off my chin for Round Two.

"I think I'll take a picture of those," he says, manipulating a fantastic machine which rears over me from the left. So, he's going to take a picture. For his file of Horrible Examples, no doubt.

Dr. Burcher wheels the machine over so that its snout is pointing into the side of my head.

"That's not my best side," I mumble, but already he's

stuffing a negative into my mouth.

"Clench it between your teeth," he says, "and keep your tongue down."

My tongue doesn't want to keep down. Every instinct tells it to push the negative out of my mouth before it's too late, before the x-ray has a chance to record the fact that my gums are coming away from my face, or that my molars are all hollow and occupied by tiny animals.

But the camera buzzes briefly and Dr. Burcher has his pinkies in my mouth again, fishing for the negative. Now's the time to bite his fingers off. Nope, lost my nerve.

"I think I'd better fill that one at the back before it goes any further," says Dr. Burcher.

To back up this statement, he throws a pick into the young cave behind the last molar on the left lower side. I wonder what Pockle is doing now. Cooing over his young, probably, the yellow rat.

Here comes the local.

"This may hurt a little," says Dr. Burcher.

I know what that means. Dentists give you that "may hurt a little" routine just to make you feel foolish when you jump onto the ceiling.

Dr. Burcher eases the hypo into the gum in easy stages, about half as easy and twice as many stages as I'd prefer. Hey. When's he going to stop? A little farther and he'll blunt that thing on my back collar button. Ah, now he's easing it out again, evidently with several nerves coiled around it.

Pretty soon my mouth is frozen and Dr. Burcher is digging his thumb into my chin asking if I can feel it. I say yes, I can feel it, so he starts anyway.

Here comes the drill, that evil, skinny twisted steel arm. My tongue huddles in one corner of my mouth and a light dew springs out of my forehead. This is it, men

Half an hour later Dr. Burcher has been excavating with everything but a steam shovel. But the worst is over, he says, stuffing wads of cotton into my mouth. These wads soak up the blood, so that you can quietly bleed to death without realizing it.

Setting the nurse to mixing cement — apparently enough to lay a small sidewalk — he fits a clamp over the molar and under the gum, and screws it tight. If he hadn't assured me that the worst is over I'd swear this was it. Now he's jamming in the cement, tamping it down, scratching his initials on it.

"There," he says finally. "That should do it."

He holds up a mirror and I have a brief, horrifying glimpse of the inside of my mouth. What a ghastly thing to have handling my food!

But as I surge out of the Chair I feel the special satisfaction that comes only with a tooth well filled and a face still too frozen to feel it. I leave by the special exit, head high, a worthy successor to Johnny Adams. I could even forgive Old Man Pockle. In fact, I haven't a thing to worry about until a week from Wednesday, when I go back to have two more filled. A week to live!



YWCA Young Women's
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M. Maggs
Woodlawn Residence Co-ordinator

SEEKING EMPLOYMENT AS A DENTAL ASSISTANT

by Joanne Prendivoj, Lorne Park Secondary School, 1980

The day has finally arrived. You have now graduated and have been presented your Dental Assisting Diploma. You are overcome with the joy and realization that this is the end. The end to tests, assignments, and "nagging" teachers; it's all over, but think again, it's only the beginning.

Now what do you do, when the glamour and excitement are over, where do you go? Actually, this should not be one of your major concerns, because now you are fully ready to put into practice what you have so painstakingly learned. Previous to this day arrangements and decisions should have been made to make the road before you, now smoother and surer.

Think back to when you were seeking employment, this is when the hard part was ahead of you, but it should not really be all that difficult.

Before you go on your "job hunt" you must consider which employment situation is best for you. This is important because you will be spending much of your time in this environment and must feel comfortable there. You must respect your employer for good working relations. Also, the job must be rewarding to you both personally and professionally.

You also have to consider as to what position you would like to hold according to your education and preference. You may decide between, generalist, secretarial assistant, chairside assistant, co-ordinating assistant, control assistant, and if you possess administrative qualities and extensive business office experience, you may want to be a business manager.

Next, referring to a previous consideration, you must decide what type of employment situation is best for you. Dentistry offers many such employment choices. They are private practice, dental specialty, group practice, hospital dental clinic, public health dentistry or volunteer service. Once you have made up your mind to these points you must now try to look for a job opening. These may be located through newspaper classified advertising, placement service, professional service or an employment agency.

Now it is time to make the initial contact. The most common form is the telephone. This is when you give the first impression of yourself. When you call, identify yourself and your reason for calling. You will want to ask about the position available and the potential employer may ask about your availability. Answer all questions precisely and correctly, then arrange for a personal interview. Another method may be by sending a letter of application. This should be brief, well written, business-like, and neatly typed on white paper. Thirdly a resume may be written. This should be enclosed with your letter of application. It should include the following points: personal data, education, work experience, other activities and special honours and most importantly, references.

The interview is the next important exchange of information and impressions. During the first 10 minutes both have formed the impressions that will be lasting. The dentist is trying to determine if you are the

employee for him, and you are looking to see if you will be happy working with this doctor and his staff. When you go for your interview make sure you dress appropriately. Your clothes speak a lot about the person you are. You want to reflect that you are a neat, well organized and competent professional. Both you and your potential employer will have many questions to ask. Try to remain calm if this situation seems stressful. There still remains the all important question of "What do you expect in terms of salary?" Leave the matter open to negotiation and see what kind of an offer is made. Before accepting any job you should know what the doctor's policies are concerning salary increases, hours, paid overtime, etc.

Now that you have accepted the job you must try to keep it. The effort must be two-sided between the dental assistant and the other auxiliaries, and the doctor as the employer. Both must fulfill their responsibilities for a smooth professional and business relationship.

If at any time you should have to terminate employment it should be done as previously agreed upon and the doctor will probably provide you with a letter of recommendation.

For the time being though, go ahead and enjoy your graduation to the fullest while it lasts, because you deserve it.

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New Human Rights Code Introduced in Legislature

Published by the Ontario Human Rights Commission, March 1981

On November 25, 1980, the Ontario Minister of Labour, the Honourable Robert G. Elgie, M.D., introduced the long awaited new code, on behalf of the government. At press time the bill is under consideration by committee, and it is therefore not yet possible to discuss it as a finished document.

In which way will the new code differ from existing legislation? Explanatory notes prefacing the bill set them forth as follows:

1. The circumstances under which discrimination is prohibited are extended to include:
 - a) discrimination in the equal enjoyment of goods, services and facilities generally and not limited to those available in a place to which the public is customarily admitted;
 - b) discrimination in contracts;
 - c) discrimination because of a person's association with others;
 - d) discrimination on a ground that has the result of discrimination because of a prohibited ground;
 - e) harassment of an occupant of accommodation by the landlord or another occupant because of a prohibited ground;
 - f) harassment of an employee by the employer or another employee because of a prohibited ground of discrimination;
 - g) sexual solicitation, reprisal or threat of reprisal by a person in a position of authority.
2. The prohibited grounds of discrimination are extended to include:
 - a) handicap;
 - b) marital status with certain exceptions in the case of accommodation;
 - c) record of offences in the case of employment;

- d) age between 18 and 65 years;
 - e) family with certain exceptions in the case of accommodation;
 - f) receipt of public assistance in the case of accommodation.
3. Sanctions against discrimination in employment by contractors under Government contracts.
 4. Protection in employment is extended to domestic workers.
 5. Landlords and employers may be made responsible to prevent harassment of tenants and employees.
 6. The Bill would bind the Crown and have primacy over other legislation.
 7. The Commission is empowered to recommend the introduction and implementation of affirmative action programs.
 8. A Race Relations Division is established with its own Commissioner.
 9. Boards of inquiry are required to issue decisions within 30 days of the conclusion of their hearings.
 10. Boards of inquiry are empowered to make orders respecting access for the handicapped after a finding of discrimination had been made.
 11. Boards of inquiry are empowered to award damages for mental anguish.

As we go to press provincial elections have been called and all outstanding legislation must await re-introduction in the new legislature.

It is hoped that a new human rights bill will be presented at an early time.

Some provisions of the revised human rights code

In November 1980, the Ontario government introduced into the Legislature Bill 209, a revised Ontario Human Rights Code. The bill has received second reading and will proceed to the Standing Committee on Social Development for discussion at the end of February. Here are some highlights of the new bill which distinguish it from the existing human rights code.

Equal treatment

Equal treatment in the enjoyment of services, goods and facilities (sec. 1). To allow for wider application, 'services' is unqualified except that taxes and fees authorized by law are specifically excluded (sec. 9(j)) from the meaning of the term.

Equal treatment in the occupancy of accommodation (sec. 2). Protection is extended to handicapped persons and to those in receipt of public assistance. Families, that is, persons in a parent and child relationship (sec. 9(f)) are also protected except in the case of multiple dwelling buildings with a common entrance that are restricted, in whole or in

part, to adults only (sec. 19(4)). This would include apartment complexes but not town housing.

Sexual harassment

Persistent sexual solicitation, and reprisals or threats of reprisal for refusing sexual advances, are prohibited when they stem from a person 'in a position of authority who knows or ought reasonably to know that it is unwelcome' (sec. 6). 'Persistent' means the conduct has to occur more than once. Harassment because of any prohibited ground, including race and sex, is prohibited in the accommodation and employment contexts (secs. 2(2) and 4(2)).

Constructive discrimination, that is, where a requirement is imposed which, by its very nature, would automatically disqualify a group of persons against whom it is prohibited to discriminate, is prohibited except where the requirement is a reasonable and genuine one (sec. 10). A good example might be a rule that taxi drivers must not wear beards. Such a rule would disqualify all Sikhs from becoming taxi drivers and would result in discrimination because of creed.

Protection of the handicapped

Discrimination against handicapped persons is prohibited in all areas of the code provided that the handicap does not prevent the individual from performing the essential functions of the particular activity in question (sec. 16). Past, present and perceived handicaps are included and 'handicap' is defined to mean physical disability, mental retardation, learning disability and mental illness (sec. 9(b)). Application forms must not require information about a handicap or any other prohibited ground of discrimination (sec. 21(1)).

Affirmative action

Positive affirmative action is permitted and the Ontario Human Rights Commission may, upon its own initiative or upon complaint, investigate a company's affirmative action plans to ensure that they conform to the code (sec. 14). As well, it is a function of the commission to recommend the introduction of affirmative action programs (sec. 25(c)).

A requirement of Canadian citizenship does not violate the equal treatment provisions of the code if it is authorized by law or is adopted to encourage Canadians to participate in cultural, educational, trade union or athletic activities (sec. 15).

The rights of the Roman Catholic Church with regard to its separate school system are expressly upheld in section 17.

Religious, philanthropic, educational, fraternal or social organizations which serve their particular constituencies maintain their traditional rights to exclusiveness (sec. 18(2)).

Discrimination in contracting is prohibited (sec. 3). As well, contracts with the Crown may be cancelled or the contractor refused further contracts if he is found to have breached the code (sec. 22).

Commission procedures

There are a number of structural changes to the Ontario Human Rights Commission including the following:

1. At least three members of the commission will be designated as a race relations division of the commission, one of whom shall be appointed commissioner for race relations (sec. 24).
2. It is a function of the commission to review legislation and policies or programs established under them and make recommendations on those that are inconsistent with the intent of the code (sec. 25(e)).
3. The commission is to investigate causes of tension or conflict and is to work with other levels of government and private groups towards the easing and elimination of conflict (sec. 25(f) (g) (h)).
4. The commission may decide not to deal with a complaint if it is trivial, frivolous, vexatious or made in bad faith (sec. 30(1) (b)).
5. If the commission decides not to deal with a complaint or decides not to request the minister to appoint a board of inquiry, the complainant may request reconsideration in writing within 30 days (secs. 31 and 34).
6. The commission can *request* the minister to appoint a board of inquiry (sec. 35) rather than just *recommend*, as at present.
7. Upon a finding of discrimination, a board of inquiry may order the respondent to do whatever is necessary to comply with the code, including

instituting programs of affirmative action. It may award damages of up to \$5,000 for mental anguish and may make orders to prevent harassment. Where a finding of discrimination on the ground of handicap is made, it may also make access orders with respect to premises, equipment and job restructuring (sec. 38).

8. With the consent of the attorney general, a person may be prosecuted and liable to a fine of up to \$25,000 for breach of the code (sec. 41).
9. The commission will report to the minister, but not specifically the minister of labour, as at present (sec. 43(a)).

The act binds the Crown

Finally, the 'Act binds the Crown', which is to say that all government branches are subject to the provisions of the code. Moreover, where a provision of another act conflicts with the human rights code, the code prevails over the other act, unless the act specifically provides that it is to apply notwithstanding the code. The primacy provision will apply to future legislation when the code comes into force and to existing legislation after two years (sec. 44). ■

INFORMATION FROM THE EXECUTIVE DIRECTOR O.D.N. & A.A.

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The O.D.N. & A.A. Head Office is open Monday - Thursday from 9 a.m. - 4 p.m. with the following exceptions: Months of July and August
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During these times, we request that all inquiries be made by mail as staff is in the office only as required. The Head Office address is:

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1982 Membership

Renewal of membership for 1982 is due January 1, 1982. Renewal notices will be sent to all 1981 members in October. Please read the information on Categories and Memberships thoroughly before returning your renewal notice and payment.

JANUARY-MARCH ISSUE 1982 DEADLINE DATE FOR MATERIAL — DECEMBER 10, 1981

MAIL MATERIAL TO:

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THE EDITOR

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The photograph above is of the Graduates of the Dental Assistants Program from Algonquin College and Career Canada Certification Ceremony and Dinner held at the Skyline Hotel, Grand Salon, Ottawa on Tuesday, May 19, 1981.

"TOOTH DEVELOPMENT"

submitted by Beverley Jacobs, Halton - Peel Affiliated Assoc.

What a bother teeth are. Not only do they have to be specially hand cleaned every day to keep them healthy, but just as you're eating your salad at dinner, they can take off on their own and munch a piece of your tongue for an appetizer. But how strange we would look if we did not have them. We could not chew our food. The poor stomach would be left with all the hard work of digestion. Think of how strange we would sound if there were no teeth on which to place our tongue for the speech sounds of "l" and "t"; and no place for the hissing sound of "s" as it rushes past.

When a baby is born, we usually think of him as being without teeth. Deep in his jawbones, however, are the 20 primary teeth which begin to form early in prenatal life. Shortly before birth, the enamel of the first permanent (six year) molars begins to form. At birth the crowns of the primary teeth are almost completely formed.

The central incisors in the front of the mouth are the first to erupt, generally when the baby is from 6 to 8 months old. The lower teeth usually erupt before the corresponding teeth in the upper jaw. Your child should have all of his primary teeth by the time he is 2 to 2½ years old.

Your child needs his primary teeth, as much as he will need his permanent teeth, for chewing, for speaking and for appearance. In addition, his first teeth hold the space for the permanent teeth. If they are given proper care the primary teeth will remain in place until they are lost naturally.

At birth a baby's jaws are only partially developed. They continue to grow throughout childhood and into adolescence. Good, nourishing food is necessary for this development. Calcium and fluoride are especially important for strengthening the developing tooth enamel, making it resistant to tooth decay. Because a baby's jaws, like other parts of his body, develop through use, solid food should be given to him as early as the physician suggests.

Drinking water from birth with the proper fluoride content will help your child to develop decay-resistant teeth. If the fluoride content of your community water supply is not sufficient, check with your dentist concerning ways to obtain supplemental fluoride.

One serious hazard to a child's teeth can be the nursing bottle. Prolonged use of some types of nursing bottles may be a factor in crooked teeth, tongue thrust, and thumb and finger sucking. On the other hand, breast feeding (and bottles which simulate it) exercises the baby's jaw muscles and aids in the development of the strong dental arch necessary for properly positioned teeth. Also, his teeth can suffer real damage if you regularly put him to bed for naps and at night with a bottle filled with sugar-containing liquids such as fruit juice, milk, formula, or soft drinks. Certain bacteria change the sugar that is present into decay-causing acids. The longer this practice is continued, the more damage will be done. The result is "nursing bottle mouth," where most of the child's teeth can become irreversibly decayed. Despite the child's young age it may be necessary for the dentist to remove many of his teeth because of the serious sugar damage.

As children approach the age of six, their jaws grow and provide room for the permanent teeth. The roots of the primary teeth slowly dissolve in a process called resorp-

tion, as the permanent teeth develop in preparation for their eruption. When a permanent tooth is fully formed and ready to erupt, the primary tooth that will replace it should loosen and come out of the jaw by itself.

Occasionally there will be interference with some part of this process. The primary tooth may be lost before the permanent tooth is ready to replace it. In this case, the dentist may recommend use of a space maintainer to preserve the space for the permanent tooth. On the other hand, if a primary tooth does not come out when it should, your dentist may recommend that it be removed.

The six year molars are usually the first permanent teeth to erupt. There are four of these teeth, two in the upper and two in the lower jaw. They appear when the child is about six years old and is beginning to lose his front primary teeth. These molars are the sixth teeth back from the center of the mouth. As they do not replace any primary teeth, they are often mistaken for primary molars. In fact, they should last a lifetime.

The position of the first permanent molars helps to determine the shape of the lower part of the face. Their condition affects the position and the health of the other teeth.

Six year molars need special care. These teeth are usually not cleaned properly because they are difficult to reach. Cavities form in them because they have little grooves on the chewing surfaces that tend to hold decay-producing plaque. For this reason it is important that a dentist check the six year molars soon after they erupt. He may recommend protective coating with pit and fissure sealants, or a filling in one or more of the molars as a protective measure.

The teenage years are a critical time for oral health. The permanent teeth, except the third molars, or "wisdom teeth", are probably in position by the time he is 13 years old. Unfortunately, it is during the teenage years that tooth decay most often occurs, and it is the permanent teeth that are damaged. A teenager may also face problems of periodontal disease and malocclusion.

Permanent teeth are meant to last a lifetime. No other natural teeth will replace the permanent teeth if they are lost through dental disease or accident.

During these years it is especially important to practice good oral hygiene habits and visit the dentist at the intervals he recommends. Today most dental disease can be prevented. If problems do develop, the dentist has the knowledge to recognize and control dental disease and the technical ability to correct its harmful effects. With proper personal and professional oral care, you should be able to keep your teeth all your life.



THE ART OF DENTAL ASSISTING

by Loma Akervall, Thunder Bay



Had anyone told me five years ago that I would one day be a Dental Assistant I would not have believed what they were saying. I had had no previous training in the dental field, but had always thought that my dentist's assistant seemed like such a professional. I had always admired her and thought the world of my dentist.

It was purely by accident one day, when my son had fallen and bumped his newly erupted central incisors that I chanced to fall into the job. My previously admired dental assistant was well into her 4th month of pregnancy and was planning to further her career in motherhood rather than dental assisting. In the course of our conversation, I expressed to her my interest in the field of dentistry. To my surprise my dentist offered me the job and my "admired" dental assistant offered to train me. How could I refuse? Besides that, the pay would be good, the hours and time off agreeable and the benefits generous. It was an opportunity also to find out what went on in the dental office from a dental assistant, rather than a patient's point of view.

At the beginning, I firmly believe that on a scale of 1 to 10, I started at -0. I knew nothing. A month after, I knew next to nothing. Perseverance kept me going. Eventually my days started to fall into place as I learned more and more about dentistry and how to run the office efficiently. One factor that helped me stay with dentistry, particularly on bad days, was my ability to get along with people. Since I like people, I found that to be the easiest part of all. Of course every day did not run smoothly and still doesn't. Different personalities and moods make it difficult to switch over from one patient to another. Then there are phone calls, people coming in to ask questions, patients there for appointments, and all the paperwork and extra duties in between. In a one girl office there is not a lot of free time, however, in many ways it can be advantageous. There can be little or no communication problems or incompetence when you work on a one to one basis, unless of course you and your boss are unable to communicate.

There were several communication problems at the beginning largely due to not knowing each other. Since an assistant works very closely with her boss (an average of 8 hours per day), it can be difficult at first for both dentist and assistant. Gradually though we have

come to understand each other, respect each other's opinions, communicate regarding patients and be honest with each other. We have learned to try to make the best of each day as it comes.

To become a dental assistant, I feel you must have one main prerequisite and that is you must *like* people. Dental Assisting is a profession. You must understand that as well, for if you don't, and think of dental assisting as just another "job", it is not for you.

Have you ever stopped to think that you are the first person that the patient is in contact with? (Either at your desk or on the phone they are in contact with you first.) You are the one who can develop a positive attitude in the patient to assist the dentist and the hygienist in their work. Your attitude at this point is very important. If your job is not done properly at this point, you will most likely send in a patient with an attitude twice as negative as when he came. I have found that after taking the medical history, that I can tactfully and without prying, find out a little about my patient. i.e: Mrs. Jones' daughter is getting married, Mr. Smith is changing jobs, little Sara is starting school etc. If you can reach out to your patients as humans first, rather than patients, you have begun to pave the way. After they have been seen by the dentist, it is then time for you to reinforce what they have been told by the dentist. Do this in a tactful manner. Never condemn. Even in the worst case, be optimistic. Generally, in past years, most people have tried to avoid dentists. They associated them with pain and large expense. Many people only came for help when they were in pain. Fortunately education for the public and dental plans are changing much of this. People are realizing that maintaining healthy teeth and gums is part of maintaining a healthy body.

Being a good dental assistant involves more than managing the office well, or keeping everything in spotless germless condition. It also involves more than just telling your patients to brush and floss their teeth. Everyone knows that they should brush and floss. What they don't always know is why. It is up to the dental assistant, who likely ends up talking more to the patients than the dentist, to explain why. The dentist does not always have enough time to explain the finer points, so the assistant should try to make an effort to find a few minutes to do this. What eventually happens is an overlapping of positive reinforcement. The dentist, hygienist, and assistant are all telling the patient basically the same thing so hopefully somewhere along the line some of the information will sink in.

Some office structures allow the patient to see the assistant, the dentist, and the hygienist all in one appointment. In our structure, the patient sees the assistant and the dentist, but may not see the hygienist until a couple of weeks later. Here is the assistant's chance to either give the patient information verbally or in pamphlet form and at least get him started on a better route to dental care.

Another idea, and one that is particularly hard at times to follow, is to try to treat each person as an individual. Each person has individual problems, questions and definite needs. Try to handle each patient as though he were your first. Avoid telling them that their

dental problems are not unusual, rather, try to explain what is happening in their mouths and why. On the other hand, if they are upset over an issue, then it is a good idea sometimes to tell them that they are not alone and that their problem can be dealt with, as others have experienced similar problems. Everyone copes differently, so it is very important for the assistant to treat each person a little differently when explaining matters to them.

I have also noticed that many people come into the office angry. It is a mistake for the dental assistant to take the patients anger personally. As I mentioned earlier, most people associate dentists with pain. It is no wonder that many of them feel anger. Many people come into a dental office after years of procrastination. They are angry with themselves. They fear the worst. They fear the unknown. Naturally they are on a defensive track before they even enter the waiting room. The assistant, who sees these patients first, takes the brunt of it all. It is important for her to understand why the patient is angry and not get on the defensive herself. Taking a patient's anger personally will only widen the gap that already exists. Try to be extra patient with these people. Use a kind and understanding tone of voice. Try not to keep them waiting for the dentist too long. If it happens that there is going to be a wait due to unforeseen circumstances, offer them a cup of coffee or tea while they wait. Try to be as personable as you can without overdoing it. You will know after the first exchange of words if the patient is going to be responsive or not. If he is not responsive to you at all, leave him alone. Don't push, perhaps he may be more responsive to the dentist, and you will always have a second opportunity to talk to him and gain his trust.

Try to be as honest as you can with your patient. When explaining procedures regarding his dental care, try not to go into too much detail and get him caught up in a lot of dental jargon. First of all, he will not understand you, and secondly all the fancy words will scare him to death. Try to explain the procedures in the simplest manner possible. Use as many layman terms as you can. If you have to, draw him a picture. Your patient will thank you in the end for taking time with him.

I have also noted that you can actually "train" your patients to become more responsible toward their dental health care. If you are dealing with a new patient you have the ability to build for your dentist a "model patient" in the years to follow. The important part to remember is that this will not happen after the first or second visit. Once you have established a good rapport and have a more relaxed patient, it is then time to lay out the ground work. Explain all office policies pertaining to them. For example: missed appointments - if there is a fee charged then, explain why, and note as well that there is an allotted amount of time set (usually 24 hours) in which they can cancel free of charge. Try to make this rule stick, but allow some lee-way. Sometimes a missed appointment is unavoidable or sometimes even the best of patients forget. If you allow some lee-way, it is unlikely that the patient will take advantage. They will realize that their dentist's time is valuable and phone if they cannot come. Of course there is always the exceptions to the rule. Those patients who make a habit of not coming or not phoning should not be given any appointments until they are serious about having their dental work completed.

Money is also a matter that you will want to discuss with your patients. This is a subject that can be particularly difficult for both dentist and assistant. Sometimes the dentist and his assistant must talk over how he wants matters in this area to be run. Of course, all dentists wish that their patients would pay cash upon service. Naturally, if the bill is going to be a large one, most people are not prepared financially to pay all at once. Prior to any dental work, especially if it involves a large bill at the end, the assistant should sit down with her patient and explain the amount and how the dentist wishes it to be paid. If the assistant can convince her patient that the amount of money he is going to spend is like an "investment", and if he intends to maintain good oral hygiene after, then I think that most patients will agree that whatever amount of money put forth is worthwhile. Of course, I have found the odd patient who would not agree, which reminds me of one instance when the young lad thought it was much more important to spend it on his car!

Don't expect to win over every patient you see. Some people have no confidence in anything that you say, and although you are the professional, they still doubt you, even when you show them proof. For these patients, do the best that you can, but don't stay awake at night worrying. Perhaps at a later time they will realize that in fact you were being helpful. Some people will visit two or three dentists before they come to the conclusion that the first one they went to was not handing them a "line". Beware of these patients for they are generally skeptical of everyone all the time.

Another aspect of the dental field is children. Children of any age have a marvelous ability to pick up on their parents moods or feelings. Unfortunately fear is one of them. If a child thinks that mother or father is afraid of the dentist, then it is only logical for him to feel the same way. I tell many parents to try to disguise these feelings until the child has at least had time to form his own opinions. Unfortunately however, if little Tommy has heard Dad say it hurts, he won't forget and your job as an assistant will be somewhat tougher. Parents' attitudes are very important when dealing with children.

I have divided my child patients into three groups—

- a) the responsive child
- b) the responsive child (with reservations)
- c) the unresponsive, frightened child

The 'responsive child' usually comes with parents who have been conditioned to seeing the dentist regularly. He is responsive because his dental visit is not considered a "special occasion". It is part of daily health care. The parents make no big deal out of it and thus children feel no cause for alarm. This child does not require too much of the assistant's time, although she should treat him special for his first visit and explain and answer all of his questions.

A 'responsive child with some reservations' can be won over if the assistant approaches him in the right way. She must first take time to introduce him to the dental office and surroundings. Try to book a little extra time for these little people — it can make all the difference to future dental appointments for the child, and good communication with him and the dentist.

The 'unresponsive frightened child' comes confused, and most times parents are not of much help to him. There are two words that you do not mention in front of

this child — fear and pain. i.e: if you say "this won't hurt" — the child will think the opposite — if you say "there's nothing to be afraid of" he will think that there is. Rather try to divert him by talking to him about something that he finds pleasant until you can gain his trust. Honesty, patience and simple explanations are the key. Granted your efforts won't always work but you will find them successful many more times than not.

To sum up, I would like to say a few words with regards to the dentist. Most dentists are complex, sensitive individuals. Their nerves can become frayed from time to time because of the type of work that they do. It is essential then that the assistant have a good understanding of her employer. If he is edgy or upset it is not necessarily her or a patients fault. Along with having to do the tedious job that he does, he also has the same problems as most other people — money, family and health. You will eventually attune and adjust yourself to his moods. If he has had a bad day, don't book four emergency patients at the end of the day. Unless he wishes to talk on the phone to patients, shield him from their calls. People can be persistent, however be firm and take a message.

Honesty once again is the best policy. It is wise, from time to time to discuss with him any matters pertaining to the office. Suggestions from you may be appreciated

particularly when they involve methods for running the office more efficiently. He will respect you for all of this and become a little more attuned to your needs — i.e: time off and pay.

In closing, I would like to say that dental assisting can be a rewarding and self satisfying profession; but it takes a lot of effort and time to make it such. As a new graduate you will find that there is still many things for you to learn. If you are a veteran, you will always learn something new as well. Dentistry is becoming more effective and diversified every year. People associations are the key. A dental assistant must be willing to put 100% into her job to make it work. Once a routine is established, even with emergencies, each day will run smooth for her, the dentist and the patients. The patients will key in to the mood in the office and will feel much more comfortable and at ease if things are running as they should be.

Dental assisting, like every other profession is not suited to everyone. If you are just going through the motions in your job then maybe you should consider a change. If, however, you meet each day as a new challenge and put an effort into your job then you will find that dental assisting is really an art and can be a rewarding self-satisfying job. 

AFFILIATED ASSOCIATION NEWS

Past Events

DURHAM AND DISTRICT

I hope everyone had a good summer; and now that you're enjoying the Fall Season, how about getting out and having fun at your local association meetings for the year. If you're wondering about our association, Durham and District was formed on April 21, 1981 and the executive is as follows:

President — Laurie Beaton
President Elect — Karen Wastle
Vice President — Janet Aspinall
Secretary — Bonnie Ferguson
Treasurer — Sharon Foster
Membership Chairman — Verna Jordan
Board Representative — Leisa Inch

Hence, in May at the Spring Convention, Durham and District affiliated with the O.D.N. & A.A. Our first meeting was a dinner meeting and fashion show of uniforms, lab coats etc. on Sept. 22, 1981.

In conclusion, we are looking forward to an exciting year as many hours of planning and effort have gone into starting the association. So, if you want to be informed, have a good time and just spend an evening with the girls, then please come out and join in the Durham and District Association.

Respectively,
LEISA INCH, C.D.A.
Board Representative

OTTAWA

May — The Ottawa Association finished its term on a high note. Diane Lachance, Maria Baker and JoAnne

Chisholm brought back 1st Prize for Table Clinics, held during the May Convention in Toronto. Congratulations from your Association.



Maria Baker, JoAnne Chisholm, Diane LaChance

Between March 17, 1981 and May 19, 1981, a Dental Radiography Course was held at Algonquin College. The course included studies of the principles and application involved in the exposure of dental radiography. Special emphasis was given to the understanding and employment of precautionary measures in the application of radiography procedures.

Dr. David Rowat co-ordinated the lectures and demonstrations, and was ably assisted by Ebbe Ferguson, P.D.A., and Gayle Watrick, P.D.A. Of the sixteen students registered, we are happy to report that everyone passed the final exam.

SUSAN M. CAWS, P.D.A.
President-Elect, Ottawa

WATERLOO — WELLINGTON

Waterloo — Wellington has had a busy and exciting Winter and Spring. We held our elections on April 15, 1981. Our meeting was held at the Tien Hoa Inn, Waterloo, Ontario, where we were served a delicious chinese meal. Mrs. Sheri Ibrahim was elected as our new President for 1981-82. Sheri has been an active member of our society and we look forward to having her as our new President.

Also in April, Miss Beth Kennedy organized a display at the Fairview Mall for Dental Health Week. Beth had several of our girls handing out brochures, and "Good Mouth-Keeping" balloons to the children.

Mrs. Brenda Moffatt, our O.D.N. & A.A. President in 1980-81 term, is a member of Waterloo-Wellington. Our

association hosted the Wednesday morning breakfast at Convention. Our theme was "Sunrise Breakfast". This breakfast was in Brenda's honour, and we sincerely hope it was a memorable occasion for Brenda.

June 17, we held our annual picnic. We have had our picnic for the past two years at the home of Cathy Moore, who also serves on our executive. We have access to a lovely swimming pool and lots of room to romp around. The Executive plan and supply the supper. Members who have not missed more than two meetings over the past year are invited to our picnic free of charge. We look forward each year to the games, swimming and a tasty Barbecue.

SHIRLEY RICHARDSON
Corresponding Secretary

UPCOMING EVENTS

LONDON — Schedule of Meetings

September 15, 1981 — "Pool and Punch Party" sponsored by Denco, London. Holiday Inn, Wellington Road South, Room 184 at 6:30 p.m.

Speaker — Dr. A.J. Harris

Topic — "Surgical Exposure for Orthodontic Reasons".

Sandwiches, punch and swim to follow.

October 20, 1981 — "Self Defence for Women" with Ken Tallack of the Martial Fitness Centre. Busby Room, Victoria Hospital at 7:30 p.m. Coffee to follow.

November 10, 1981 — Dinner at the Latin Quarter — Coach Room, \$9.00 per person. Cash Bar at 6:30 p.m., Dinner at 7:00 p.m. and speaker at 8 p.m. "The Role of the Dentist as Physician" with Dr. R. Brooke, U.W.O.

December 8, 1981 — Healthco, 1-69 Bessemer Rd., 7:30 p.m. Wine and Cheese.

Speaker — Bill Lynd

Topic — Four Handed Dentistry

Please remember to bring Christmas gifts for the Merrymount Childrens Home.

Thursday January 14, 1982 — Combined meeting with L.D.D.S.

Everyone welcome.

Dr.'s Noam and Beryl Chernick, M.D.'s — Marital and Sexual Counsellors

8 p.m. at the Ampitheatre Westminster Campus, Victoria Hospital. Fee to be announced.

JOYCE ROBINSON
Past President

OTTAWA

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Ways and Means: Susan Caws (See Pres.-Elect)

SCHEDULE OF MEETINGS 1981 - 1982

Please keep this schedule for future reference.

Sept. 9, 1981 Wednesday — 6:30 p.m.

Dinner Meeting — Embassy West Motor Hotel, Carling and Kirkwood Ave., Ottawa

Menu — Buffet — Price \$12.50

(tax and gratuities included)

Guest Speaker — Dr. V. Chatwin

R.S.V.P. — by Sept. 5 — Susan Caws 692-4592

Joan McNally 825-4296

Oct. 14, 1981 Wednesday — 7:30 p.m.

Algonquin College, Dental Clinic Laboratory

Guest Speaker — Lynn Kaye, L.L.B.

Nov. 12, 1981 Thursday — 6:30 p.m.

Dinner Meeting — Chimo Inn, 1199 Joseph Cyr — off St. Laurent Blvd., Ottawa

Menu — Details to follow

Price — Details to follow

Guest Speaker — Mrs. Marion Balia from the Adlerian Centre

Jan. 13, 1982 Wednesday — 7:30 p.m.

Algonquin College, Dental Clinic Laboratory

Guest Speaker — To be announced

Feb. 10, 1982 Wednesday — 6:30 p.m.

Skyline Hotel — Queen St., Ottawa

Bosses' Night — Details to follow

Mar. 10, 1982 Wednesday — 7:30 p.m.

Algonquin College, Dental Clinic Laboratory

Table Clinic Presentation

Apr. 14, 1982 Wednesday — 7:30 p.m.

Algonquin College, Dental Clinic Laboratory

Election of New Executive

May, 1982 Dates to be confirmed

Skyline Hotel — Queen Street, Ottawa

Certification Dinner and Ceremony

Details to follow

SUSAN CAWS

President-Elect

SARNIA

Once again this year the Sarnia girls are looking forward to a very busy and prosperous year with our association.

We have set up the following program for the year but due to the fact that all speakers have not been confirmed I will not mention names.

September: We are starting the year off with a fund raising event:

Tuesday Sept. 1, 1981

Bowl-A-Thon

Lakeside Bowl — Sarnia

Dinner-6:30 Bowling-8:00

Tuesday Sept. 22, 1981

General Business meeting to discuss the coming events with the membership.

October: 3rd Annual Fashion Show

November: Appreciation Night

Dinner and Social Evening in honour of particular members of our local association

December: Christmas Meeting

Dinner

Ms. Muriel Haggarty — Speaker

Slide presentation of her experiences in dentistry out of country

January: Special Evening donated to Self-Assertiveness Training

February: Speaker — Hypnotherapy

March: Speaker — Acupuncture

April: Speaker — Oral Surgery

May: Wine and Cheese Evening sponsored by Denco

June: Wind Up — to be decided

KAREN McINNIS

Board Representative

WATERLOO — WELLINGTON

Waterloo — Wellington Dental Nurses & Assistants are looking forward to their Fall and Winter Program. As in the past we are having monthly dinner meetings at various restaurants in the area, along with a guest speaker.

We are starting off our meetings, September 16, 1981. We have invited one of our local Uniform Salons to bring to us a fashion show on the latest in uniform and shoe styles. We have had Fashion Shows in past years

and look forward to seeing new trends for the Fall and Winter.

October — Dr. M. Pus (Orthodontist) "What Constitutes A Good Face"

November — Dr. A. Goebel "Diet and Hyperactivity in Children"

December — Christmas Dinner Party

January — Dr. V. Lenauskas "Oral Surgery"

February — Mr. Dennis Weir "February being Heart Month, Dennis will speak to us on C.P.R."

March — Dr. Sherman "Endodontics"

April — Elections

May — Plan on attending the National Convention

June — Annual Picnic

SHIRLEY RICHARDSON

Corresponding Secretary

ATTENTION: CERTIFIED AUXILIARIES

The Dental Auxiliary Study Club will be starting its second year of dental education for certified assistants, preventive dental assistants and registered hygienists.

Last year was successful and we incorporated three very interesting half day seminars.

We are now accepting new members for the upcoming term September 1981 — June 1982. Please contact Dr. F. Zietsma's office: Judy Kellet or Lynn Robitaille for further information.

Dr. Fred Zietsma

203-460 Brant Street

Burlington, Ontario L7R 4B6

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DON'T QUIT

When things go wrong, as they sometimes will,
When the road you're trudging seems all uphill,
When the funds are low, and the debts are high,
And you want to smile, but you have to sigh,
When care is pressing you down a bit —
Rest if you must, but don't you quit.

Life is queer with its twists and turns,
As every one of us sometimes learns,
And many a failure turns about
When he might have won had he stuck it out.
Don't give up though the pace seems slow —
You may succeed with another blow.

Often the goal is nearer than
It seems to a faint and faltering man;
Often the struggler has given up
When he might have captured the victor's cup;
And he learned too late when the night
slipped down;
How close he was to the golden crown.

Success is failure turned inside out —
The silver tint of the clouds of doubt,
And you never can tell how close you are,
It may be near when it seems afar;
So stick to the fight when you're hardest hit —
It's when things seem worst that you mustn't quit.

Author Unknown

Submitted by

BEVERLEY JACOBS

Halton - Peel Affiliated Assoc.

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